## Fiscal Estimate - 2003 Session

	Original		Updated		Corrected		Supple	mental
	Number	03-2930/1		Introd	duction Numbe	r S	B-288	
Subjec	:t							
Covera	ige by define	ed network plans	of orthotic and pros	thetic d	evices			
Fiscal	Effect	-						
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Fund Sources Affected  Affected Ch. 20 Appropriations  GPR FED PRO PRS SEG SEGS								
Agency	y/Prepared I	Ву	Autho	orized S	ignature			Date
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## Fiscal Estimate Narratives ETF 11/24/2003

LRB Number	03-2930/1	Introduction Number	SB-288	Estimate Type	Original				
Subject			-						
Coverage by defined network plans of orthotic and prosthetic devices									

## **Assumptions Used in Arriving at Fiscal Estimate**

The change in benefit costs for the State health insurance program is estimated to be in a range of .07 (\$138,600) to .12 (\$237,600) per member per month (PMPM) for approximately 165,000 active state employee members. This estimate assumes that 10% of all services are out of network.

The change in benefit costs for the WI public employers group health insurance program is estimated to be in the range of \$25,200 (.07 PMPM) to \$43,200 (.12 PMPM) for approximately 30,000 members.

**Long-Range Fiscal Implications** 

## Fiscal Estimate Worksheet - 2003 Session

Detailed Estimate of Annual Fiscal Effect

Increased Costs   Decreased Costs	X	Original		Updated		Corrected		Supplemental		
Coverage by defined network plans of orthotic and prosthetic devices  I. One-time Costs or Revenue Impacts for State and/or Local Government (do not include in annualized fiscal effect):  II. Annualized Costs:  Annualized Fiscal Impact on funds from: Increased Costs Decreased Costs A. State Costs by Category  State Operations - Salaries and Fringes (FTE Position Changes) State Operations - Other Costs Local Assistance Aids to Individuals or Organizations TOTAL State Costs by Category \$  B. State Costs by Source of Funds GPR FED PRO/PRS SEG/SEG-S  III. State Revenues - Complete this only when proposal will increase or decrease state revenues (e.g., tax increase, decrease in license fee, ets.)  GPR Taxes  GPR Earned FED PRO/PRS SEG/SEG-S  TOTAL State Revenues  SEG/SEG-S  TOTAL STANNUALIZED FISCAL IMPACT  SEG/SEG-S	LRB	RB Number 03-2930/1 Introduction Number SB-288								
II. Annualized Costs:    Increased Costs   Decreased Costs	Covera	ge by define								
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Aids to Individuals or Organizations  TOTAL State Costs by Category \$ \$  B. State Costs by Source of Funds  GPR  FED  PRO/PRS  SEG/SEG-S  III. State Revenues - Complete this only when proposal will increase or decrease state revenues (e.g., tax increase, decrease in license fee, ets.)  GPR Taxes  GPR Taxes  GPR Earned  FED  PRO/PRS  SEG/SEG-S  TOTAL State Revenues  NET ANNUALIZED FISCAL IMPACT  NET CHANGE IN COSTS  See narrative  \$ \$  \$ \$  \$ \$  SEMANTIC CHANGE IN REVENUE  SEMANTIC CHANGE IN REVENUE  \$ \$  \$ \$  \$ \$  \$ \$  \$ \$  \$ \$  \$ \$  \$	<del></del>		- Other Costs							
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